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\*\* CONTINUING DATA \*\*\*\*\* None DBC

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None DBC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 19	TOTAL CLAIMS 85	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Dale K. Schaefer</i> Initials: <i>DS</i>				

## ADDRESS

08698

## TITLE

System, method, and computer program product for configuring and purchasing a medical device

<b>FILING FEE RECEIVED</b> 1205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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